

# **ATTACHMENT**

## **Proposal Response Sheet**

### **Consulting Services, Federal Government Relations Services (Community Services), RFP # 09-006-91**

Name of firm:\_\_\_\_\_

Firm's Website:\_\_\_\_\_

Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_

Remit Address:

\_\_\_\_\_  
\_\_\_\_\_

Phone:\_\_\_\_\_

Phone:\_\_\_\_\_

Fax:\_\_\_\_\_

Fax:\_\_\_\_\_

Payment Terms:\_\_\_\_\_

Authorized Representative:\_\_\_\_\_ Print:\_\_\_\_\_

Signature (Person authorized to negotiate with the County on behalf of the organization/firm.)

Email address:\_\_\_\_\_

Authorized Representative:\_\_\_\_\_ Print:\_\_\_\_\_

Signature (Person authorized to negotiate with the County on behalf of the organization/firm.)

Email address:\_\_\_\_\_

The signature (s) above indicates that certifies that:

- (i) the Proposer's signatory is an agent authorized to submit proposals on behalf of the organization/firm;
- (ii) all declarations in the proposal and attachments are true to the best of reasonable knowledge;
- (iii) all aspects of the proposal, including cost, have been determined independently, without consultation with any other prospective Proposer or competitor for the purpose of restricting competition;
- (iv) the offer made in the proposal is firm and binding for 90 days after receipt of the proposal by the County; and
- (v) all aspects of this RFP and the proposal submitted are binding for the duration if this proposal is selected and a contract awarded.

EOC #:\_\_\_\_\_ (If you do not have a valid EOC #, please contact the EOC Office at 901-545-4336)

\_\_\_\_\_ Check here if you qualify as a MBE\_\_\_\_\_, or WBE\_\_\_\_\_

(Minority or Woman owned Business Enterprise) If so, please indicate the classification below:

☐ African American    ☐ Hispanic American    ☐ Asian American    ☐ Native American    ☐ Other \_\_\_\_\_

\_\_\_\_\_ Check here if you qualify as an LOSB (Locally owned Small Business)

## Response Checklist:

Please make sure that basic information listed below is provided in your RFP before you submit your response.

- ☐ Cover Sheet/Proposal Response Sheet (**Required**)
- ☐ Utilization Report (**Required**)
- ☐ Comprehensive Response to Minimum Requirements & Required Services
- ☐ Cost & Fees
- ☐ Experience of Respondent
- ☐ References
- ☐ Additional Information (optional)

***(This checklist does not absolve the Respondent of any other required documentation indicated in the document not listed above. Please use the information highlighted above as a reference only)***

# RFP UTILIZATION REPORT

	MALE					FEMALE					
	Subtotals	White	African American	Hispanic	Asian Pacific Islander	Other	White	African American	Hispanic	Asian Pacific Islander	Other
Officials and Managers											
Professionals											
Technicians											
Sales Workers											
Office and Clerical											
Crafts workers (Skilled)											
Operative (Semi-Skilled)											
Laborers (Unskilled)											
Service Workers											
Totals											

How was the above information as to race or ethnicity established? ☐ A) Visual Survey ☐ B) Employee Records

Please list the date for employment information reported \_\_\_\_\_, ☐ Other Please Specify: \_\_\_\_\_

The Concept of race used by the Equal Employment Opportunity Commission does not denote clear-cut scientific definitions of anthropologic origins. For the purpose of this report an employee may be include in the group to which he or she appears to belong, identities with, or is regarded in the community as belonging. However, no person should be counted in more than one race/ethnic category

NOTE: 1 The Category "HISPANIC" while not a race identification is included as separates race/ethnic category because of the employment discrimination often encountered by this group; for this reason do not include HISPANIC under either "white" or "black".

For the purpose of this report the following race/ethnic categories will be used:

- a) The Category "White" (not of Hispanic origins): All persons having origins in any of the original peoples of Europe North Africa or Middle East.
- b) The Category "African American persons having origins in any of the original peoples of Africa
- c) The Category "Hispanic" All persons of Mexican, Puerto Rican, Cuban, Central or South American. For other Spanish culture regardless of race
- d) The Category "Asian or Pacific Islander". All

persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Sub-Continent, or the Pacific Islands. This area includes for example, China, Japan, Korea, the Philippine Islands, and Samoa

e) The Category "American Indian or Alaskan Native". All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation community recognition

Source: Bureau of the Census